

2003
NONPUBLIC, NONSECTARIAN SCHOOL
APPLICATION UPDATE FORMS

INSTRUCTIONS FOR COMPLETING THE 2003 APPLICATION UPDATE

Type or print clearly.

1. **Applicant Information**

- Complete each section.
- Indicate the name of the county in which your school is located.
- List the name of the site administrator and a contact person.
- Provide a FAX number, e-mail address, and website address, if applicable.

2. **Disabling Conditions**

- Check box for the type(s) of disabilities served by your school.

3. **Population Served:**

- Check box to indicate group served: COED FEMALE MALE
- Indicate grade level(s) served.
- Indicate age range served.
- Program Capacity - State the maximum number of students to be served by your program for the 2003 calendar year. The fee submitted must be aligned with the program capacity.

2003
APPLICATION UPDATE FOR CERTIFICATION
NONPUBLIC, NONSECTARIAN SCHOOL

(See instructions on prior page.)

Type or print clearly.

Date: _____

Office Use Only

_____ Fee Submitted

1. APPLICANT INFORMATION	
Name of Nonpublic, Nonsectarian School:	
Site Address:	
City:	County: State: Zip:
Mailing Address (if different):	
City:	State: Zip:
Site Administrator:	Contact Person:
Telephone: ()	FAX: ()
E-mail Address:	Website Address:

2. DISABLING CONDITIONS <i>(Check box for the type(s) of disabilities served.)</i>	
<input type="checkbox"/> AUT - Autism	<input type="checkbox"/> OI - Orthopedic Impairment
<input type="checkbox"/> DB - Deaf/Blindness	<input type="checkbox"/> ED - Emotional Disturbance
<input type="checkbox"/> DEAF - Deafness	<input type="checkbox"/> SL - Speech or Language
<input type="checkbox"/> HI - Hearing Impairment	<input type="checkbox"/> SLD - Specific Learning Disability
<input type="checkbox"/> MD - Multiple Disabilities	<input type="checkbox"/> TBI - Traumatic Brain Injury
<input type="checkbox"/> MR - Mental Retardation	<input type="checkbox"/> VI - Visual Impairment
<input type="checkbox"/> OHI - Other Health Impairment	

3. POPULATION SERVED	
Check Box to Indicate Group Served: <input type="checkbox"/> COED <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
Grade Level(s) Served:	
Age Range Served:	
Program Capacity:	

Type or print clearly.

4. Program and Service Description

- Provide a brief program and service description in the space provided on page 2b. Include only those services your school is being certified to provide. Do not include attachments.
- Your program description will be included in the Nonpublic School/Agency database, which can be found on the Special Education Division website: www.cde.ca.gov/spbranch/sed/ .

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL:
DATE:

4. PROGRAM AND SERVICE DESCRIPTION

Limit your description to the space provided.

Type or print clearly.

5. Service Fees

- Include only services for which the school has qualified staff.
- For qualification standards, refer to California Code of Regulation, Title 5, Section 3065, Staff Qualifications – Related Services including Designated Instruction and Services.
- For each of the services listed on page 3b, the names of appropriately credentialed, licensed, certified, or registered staff to perform these services must be recorded on page 5b.* Submit a copy of the appropriate credential, license, certificate, transcripts, degree or registration for each staff person listed.
- List applicable service fees in the following categories:
 - Per Hour
 - Per Day
 - Per Month

***NOTE: Abbreviations for each DIS are listed on page 3b. These abbreviations must be listed in column d on the form provided on page 5b.**

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL:
DATE:

5.

SERVICE FEES

(Include only the services your school currently has qualified staff.)

SPECIAL EDUCATION INSTRUCTION	Per Hour	Per Day	Per Month
Special Education (SE)			
DESIGNATED INSTRUCTION AND SERVICES AND RELATED SERVICES	Per Hour	Per Day	Per Month
Adapted Physical Education (APE)			
Assistive Technology Services (AST)			
Audiological Services (AS)			
Behavior Intervention – Including Development and Modification (BID)			
Behavior Intervention – Implementation of Behavior Modification Plans (BII)			
Counseling and Guidance Services (CG)			
Early Education for Individuals with Exceptional Needs (EE)			
Health and Nursing Services (HNS)			
Instruction in the Home or Hospital (IHH)			
Language and Speech Development and Remediation (LSD)			
Occupational Therapy Services (OT)			
Orientation and Mobility Instruction (OM)			
Parent Counseling and Training (PCT)			
Physical Therapy Services (PT)			
Psychological Services Other Than Assessment and IEP Development (PS)			
Recreation Services (RS)			
Social Worker Services (SW)			
Specialized Driver Training Instruction (SDTI)			
Specialized Interpreting or Transcribing Services (SIT)			
Specialized Services for Low-Incidence (LI) (Identify Service)			
Specially Designed Vocational Education and Career Development (VECD)			
Vision Services (VS)			
Other (OTH) (Identify Service)			

Type or print clearly.

6. Corporate Name of Residential Program

- Indicate the corporate name of the residential program. Attach a copy of each license. If documentation submitted with a previously approved application is current, do not re-submit.

7. Indicate Status of Residential Program

- Indicate with an "X" whether the residential program(s) affiliated with this school is a “profit” or “nonprofit” program.

8. Residential Facilities, Rate of Care Level(s), and Fees

- List the names(s) of each residential facility affiliated with the school as approved by the appropriate licensing school. Attach additional pages if necessary.
- Indicate the total capacity of all residential facilities.
- Include the rate of care level (RCL) given to each affiliate by the Department of Social Services. **(This applies to California applicants only.)**
- List the fee for residential services.

9. Geographical Location of the NPS

- Provide written directions and a street map showing the location of the school from the nearest major freeways and airport.

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL: DATE:		
6. CORPORATE NAME OF RESIDENTIAL PROGRAM: _____		
7. INDICATE STATUS OF RESIDENTIAL PROGRAM: Profit _____ Nonprofit _____		
8. LIST OF RESIDENTIAL FACILITIES	RATE OF CARE LEVEL	FEE
Total capacity of all residential facilities:		

9. GEOGRAPHIC LOCATION OF NONPUBLIC, NONSECTARIAN SCHOOL: (MAP)
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Type or print clearly.

10. Staff List and Clearance Information

- a) Type or print full name of all individuals who have contact with students.
- b) If you sub-contract with an individual(s) or NPA(s) to provide services under your certification, include the name of the individual or NPA providing services. In column c, mark an "X" by the individual or NPA sub-contracting with the school to provide designated instruction and services (DIS).
- c) Indicate whether the employee is full-time or part-time using the abbreviation FT or PT.
- d) **Use the 2-4-letter abbreviation for designated instruction and/or related services listed on page 3b.**
- e) If staff qualification documents were previously submitted with a prior application are still current, there is no need to resubmit this information.
- f) **Degrees/transcripts are to be submitted only for staff providing Behavior Intervention Services-Including Development and Modification (BID), if applicable.**
- g) **Proof of high school graduation, or equivalent must be submitted for staff providing Behavior Intervention – Implementation of Behavior Modification Plans (BII).**
- h) **Provide the expiration date of certification, credential, license, or registration, if applicable.**
- i) **Provide the TB clearance date. Refer to the page 3, General Information, Tuberculosis Clearance Requirements for clarification.**
- j) Provide DOJ criminal history clearance dates. Use abbreviations "cred." or "lic." for individuals who received a criminal history clearance date through a credentialing and/or licensing process.
For more information, refer to Staff Fingerprint Clearance Requirements beginning on page 3 of General Information.

For Out-of-State Applicants Only: If your state has requirements that are different from above, write a letter and provide a copy of the statute or regulation governing fingerprint or criminal record summaries and submit these with your application.

NOTE: Nonpublic agencies must notify the Office of Nonpublic Schools and Agencies and their contracting local education agencies in writing within forty-five days of any credential or licensed personnel changes. Failure to provide properly qualified staff to provide services as specified in the individualized education program shall be cause for the termination of all contracts between the local education agency and the nonpublic school or agency. **Information provided will be accepted only if it is included by using the form on page 5b or an exact facsimile of this form.** All columns **must** be completed. Use additional sheets if necessary.

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL:							DATE:	
10. STAFF LIST AND CLEARANCE INFORMATION (Use additional sheets as necessary.)								
(a) Staff Name	(b) Sub- Contractor	(c) FT/ PT	(d) Assignment (See page 3b)	(e) Type of Cred/Lic/Reg	(f) Exp Date Cred/Lic/Reg	(g) TB Clearance Date	(h) DOJ Criminal History Clearance Date	
EXAMPLE: Gerald Smith		FT	BID, BII	MA degree, Counseling		7/01/03	6/7/98	
EXAMPLE: Nancy Jones		PT	CG	Pupil Personnel Services. Cred.	11/30/03	5/26/03	Cred.	
EXAMPLE: John Doe		PT	LSD	Speech Pathologist Lic. #43210	8/30/02	3/26/02	Lic.	

**USE OF THIS FORM OR A FACSIMILE IS A MANDATORY REQUIREMENT TO PROCESS THIS APPLICATION. ALL COLUMNS MUST BE COMPLETED.
YOUR APPLICATION MAY BE RETURNED IF THIS INFORMATION IS NOT COMPLETE.**

Type or print clearly.

11. Program Data Form

List only the California districts, county offices of education, and Special Education Local Plan Areas (SELPA) with which you are currently contracting. Also list the number of students and dollar value of the contracts for each contractor.

If you are currently not contracting with any school districts, county offices of education, or SELPAs, put an "X" in the box at the bottom of page 6b.

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL: DATE:		
11. PROGRAM DATA <i>(Use additional sheets if necessary.)</i>		
Contracting California School Districts, County Offices of Education, SELPAs	Number of Students	Contracts-Total Dollar Value
TOTALS		\$

☐ This NPS is currently not contracting with any school districts, county offices of education, or SELPAs.

**SUPPLEMENTAL INFORMATION NEEDED FOR CERTIFICATION
UPDATE OF NONPUBLIC, NONSECTARIAN SCHOOL**

For Out-of-State Applicants Only:

Certification by *your* State Department of Education

- Submit a copy of the certification/licensure issued by your State Department of Education authorizing the school to provide educational services to children with disabilities under PL 105-17 in the state in which the school is located.

For In-State Applicants Only:

Private School Affidavit (R-4)

- Private schools currently providing educational services are required to submit a copy of the Private School Affidavit that has been filed with their County Superintendent of Schools.

For All Applicants:

School Calendar

- Submit a copy of the school calendar for the 2002-03 school year.

*Fire clearances are **required annually**.*

Name of Nonpublic, Nonsectarian School:			
Address:			
City:	County:	State:	Zip:

4.

Inspector (please print name):	
Title:	
Signature:	
Name of Inspecting Agency:	
Telephone: ()	Date of Inspection:

(Revised 6-24-02)

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL:
DATE:

ASSURANCE STATEMENT

I assure the nonpublic, nonsectarian school listed above will maintain compliance with all of the following:

1. In accordance with the Fair Employment Act, employers will not discriminate based on any of the following: sex, race, age, national origin, ancestry, religious creed, physical handicap, medical condition, or sexual orientation (Executive Order 11246; Section 504 of the Rehabilitation Act of 1973; Age Discrimination in Employment Act of 1975; Title VII and Title VI of the Civil Rights Act). U.S. Code Title 20 prohibits employment discrimination on the basis of sex in education programs or activities, which receive Federal assistance.
2. Compliance with Title VI of the Civil Rights Act of 1964 (PL 88-352) and all requirements imposed by or pursuant to the provisions of this Act, and to the end, that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the school receives federal and state financial assistance, and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.
3. The nonpublic, nonsectarian school will comply with the rules and regulations of Part 84, Section 504 of the Rehabilitation Act of 1974, and all subsequent amendments, in that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity including those which receive or benefit from financial assistance.
4. Compliance with OSHA Bloodborne Pathogens Standards, 29 Code of Federal Regulations (CFR) 1910.1030.
5. Pursuant to the requirements of the Drug Free Workplace, U.S. Code, Title 41, Section 701, the employer must provide a drug free workplace. It is unlawful to manufacture, distribute, dispense, use, or possess a controlled substance in the workplace.
6. Compliance with the Individuals with Disabilities Education Act, and all subsequent amendments and requirements imposed by or pursuant to the provisions of these Acts shall be maintained.
7. The nonpublic school has a written policy on sexual harassment. [*California Education Code Section 213.5*]
8. The nonpublic, nonsectarian school has reviewed Title 5, *California Code of Regulations* Section 3052 regarding behavior intervention plans and agrees to comply with the requirements contained in Title 5, *California Code of Regulations* Section 3052 when providing services to students with disabilities.
9. The rights of children with disabilities and their parents or guardians are protected in such ways as: (1) prior notice, and consent, (2) access to records, (3) confidentiality, and (4) due process procedures.

NAME OF NONPUBLIC, NONSECTARIAN SCHOOL:
DATE:

ASSURANCE STATEMENT – continued

10. The nonpublic, nonsectarian school will maintain records of the written instructional plan and short-term objectives for each child enrolled and will specify the special education program and related services to be provided. Such plans shall be developed, reviewed, or revised as appropriate to the child's IEP early in each school year and during the first year at least one other time.
11. The school meets the requirements established by or under authority of the laws of the state and applicable city, city and/or county ordinances. Environmental health, sanitation and other building features shall not be detrimental to the health and safety of the students and staff.
12. The school has the necessary financial resources to provide an appropriate education for the children enrolled and will distribute those resources in such a manner to implement the IEP for each and every child.
13. All personnel employed after 1/1/85 have signed a statement acknowledging their understanding of the reporting requirements in the cases of observed or suspected cases of child abuse.
[Penal Code 11165.5]
14. The nonpublic, nonsectarian school applicant is not operated or controlled by a sectarian group. The primary purpose of the facility is not operated or controlled by a sectarian group. The primary purpose of the facility is nonreligious and religious education is not part of the facility's program.

I certify under penalty of perjury that the above-named school is committed to follow all laws and regulations as stated above.

Name (<i>print</i>):			
Title:			
Signature:			
Mailing Address:			
City:	County:	State:	Zip:
Telephone: ()		Date:	